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# Faces of Angels: Photography as a Fundraising Tool for AIDS-Affected Children in the Kibera Slums

Sandhira Wijayaratne  
*SIT Study Abroad*

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**Faces of Angels: Photography as a Fundraising Tool  
for AIDS-affected Children in the Kibera Slums**



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Spring 2011  
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## Table of Contents

Acknowledgments.....	2
Abstract.....	3
Background and Introduction.....	4
Objectives.....	9
Setting .....	10
Methodology.....	11
Discussion and Analysis.....	17
HIV/AIDS and Its Detrimental Effects on Children.....	17
HIV/AIDS Related Problems Amongst the Children of Angels of Hope Kibera.....	20
Angels of Hope Kibera as a Positive Intervention.....	24
Slum Photography and Its Perceptions by Kiberans.....	28
The Photobook.....	33
The Future of the Project.....	36
Conclusion.....	39
Recommendations.....	41
Appendix.....	43
Sources Consulted.....	52

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**Abstract**

The AIDS epidemic that has plagued sub-Saharan Africa for the last few decades has produced a growing population of children that have been detrimentally affected by the consequences of the disease—death of parents, declining household income, poor education, hunger, and stigma. These effects are heightened in urban slums like Kibera, where poverty, disease, and other problems run rampant. Experts concur that the best way to address the needs of AIDS-affected children is through community-based organizations on-site that work to reduce the risks faced specifically by these kids. Angels of Hope Kibera is one such institution, providing early childhood education, a feeding program, and counseling to children and families within the community, free of charge. However, many of these institutions, Angels of Kibera included, are running on very tight budgets that need to be expanded to adequately address the needs of the AIDS-affected youth they serve. Photography can serve as an avenue to help increase these budgets. This project seeks to use photographs taken of the children and interviews with their families to create a photobook that could potentially serve as a fundraising tool that can bring much needed revenue to Angels of Hope Kibera. The project will likely continue for some time, but many remain hopeful that it can do some good and succeed.

## Background and Introduction

The HIV/AIDS epidemic is arguably the foremost health problem that our world currently faces. Though its reach is global, it has hit sub-Saharan Africa the worst, far worse than any other part of the world. Since HIV/AIDS was discovered in 1981, more than 20 million people have lost their lives to the virus. Nearly 40 million people are currently living with HIV/AIDS, including nearly 2.2 million children under the age of 15. Ninety-five percent of those living with HIV/AIDS reside in developing countries. Sub-Saharan Africa remains the most affected continent with 1.9 million of the 2.2. million infected children.<sup>1</sup>

In Kenya, the disease has been deemed a national disaster, and the prevalence currently hovers around 7%.<sup>2</sup> HIV/AIDS, due to its high fatality and its long-term prognosis, is much more than just a disease, and its high presence in sub-Saharan Africa and Kenya has hampered development efforts and destroyed the lives of families. This disease debilitates families in its targeting of mothers and fathers, the most economically productive sector of many developing countries in the region; thus, their deaths not only result in a loss of income for families, but also in the orphaning of millions of children thrust prematurely with the task of fending for themselves. In the absence of anti-retroviral drugs (ARVs), the average ten-year lag from HIV infection to death has led many to believe that orphan populations will continue to grow twenty years after the peak prevalence rate of a country.<sup>3</sup> This will lead to a growing population momentum of AIDS orphans that will not subside for many years, even after progress in the decline of prevalence numbers has been achieved. “UNICEF estimates that by 2010 an estimated 20 million children in Africa will have lost one or both parents to HIV/AIDS.”<sup>4</sup> These numbers are staggering alone, but they mean so much more when the overwhelming difficulties of the lives of AIDS-affected children are better understood.

The Joint United Nations Program on HIV/AIDS (UNAIDS) defines an AIDS orphan as any child who has had one or both parents/guardians die due to HIV/AIDS before that child

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<sup>1</sup> UNAIDS and WHO, 2004.

<sup>2</sup> Karama, SIT lecture, March 2011.

<sup>3</sup> Salaam, 2005.

<sup>4</sup> Whiteside, 2006: 10.



reaches the age of eighteen.<sup>5</sup> Though the number and plight of these so-called AIDS orphans is extremely significant, there are countless other children who do not fall under the UNAIDS definition, but who are themselves drastically affected by the epidemic.

Not only are children orphaned by AIDS affected by the virus, but those who live in homes that have taken in orphans, children with little education and resources, and those living in areas with high HIV rates are also impacted. Children who have been orphaned by AIDS may be forced to leave school, engage in labor or prostitution, suffer from depression and anger, or engage in high-risk behavior that makes them vulnerable to contracting HIV. Children who live in homes that take in orphans may see a decline in the quantity and quality of food, education, love, nurturing, and may be stigmatized. Impoverished children living in households with one or more ill parents are also affected, as health care increasingly absorbs household funds, which frequently leads to the depletion of savings and other resources reserved for education, food, and other purposes.<sup>6</sup>

Clearly then, even those kids who have not lost either parent to HIV/AIDS, but who are in some way affected by the disease, can face equally difficult and similar challenges as those children orphaned by the epidemic. Such situations include children having one or more parents who have HIV/AIDS but who have not died, and children who themselves have HIV/AIDS. Thus, these orphans and all other children significantly affected by HIV/AIDS will be heretofore collectively called AIDS-affected children in the rest of this paper.

These AIDS-affected children will grow up with a number of challenges that no child should ever have to face, particularly those children who live in slums like Kibera. “Many AIDS orphans in Nairobi slums have to face a life without either parents, or a supportive family. Many of the orphans will end up in child-headed households and those who go to grandparents will still be given most of the responsibility for bringing up their younger brothers and sisters.”<sup>7</sup> Thus, the provision of services (medical, psychosocial, and more) is needed to help combat the struggles that these children will inevitably face.

Many experts contend that the most effective way to combat the overwhelming problems that these AIDS-affected children will face is through homegrown, grassroots organizations

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<sup>5</sup> UNAIDS, 2000.

<sup>6</sup> Salaam, 2005.

<sup>7</sup> Togom, 2009: 11.

within the community, with assistance from other resources.<sup>8</sup> Through these local institutions, avenues towards solutions to the epidemic's effect on children are created from within, empowering the community itself to bring about its own successes. However, many of these local initiatives still need outside help to be most effective. Angels of Hope Kibera (AOHK) is one of these organizations; it is doing an incredible job of uplifting AIDS-affected children in the Kibera slum of Nairobi. Serving as an AIDS care center, AOHK offers free early childhood education for about forty children from ages two to nine. Additionally, the center offers a feeding program, as well as other forms of assistance for the children and their families, such as the acquisition of ARVs from government-operated dispensaries. Though the work and efforts of AOHK on these children's lives are very fruitful and uplifting, the center desperately could use outside assistance, particularly in the form of funds. Regynnah Awino, the center's coordinator, has had to make painstaking budget cuts that would keep AOHK in operation, but at the expense of downsizing some of the services that these AIDS-affected children need.

The noble missions of organizations like Angels of Hope Kibera should attract as much help from outside donors, institutions, and governments as necessary. Unfortunately, many of these institutions simply do not get all the financial assistance they need, and are thus vastly underfunded. This puts the leaders of such institutions in the unenviable position of having to make tough decisions regarding budget cuts and priorities. How can the director of an AIDS youth center make the choice to either prioritize between food for a daily lunch for the children, or workbooks to prepare for exams? The children of these institutions already face enormous obstacles in their future lives, so they should get as much help and support as possible to create new roads and pathways for them to take control of their lives; they should have enough money for both a good lunch and a proper education. However, funding for these organizations remains minimal. Though donor support should increase for these institutions, such support is limited, and is nowhere near the optimal operating cost for places like AOHK to provide the best services for the AIDS-affected youth it serves. Thus, other methods of fundraising need to be explored to help generate the necessary income for these organizations to continue to provide adequate services to these children. In particular, creative, self-sustaining fundraising initiatives that somehow employ the children in some way can be a very good way to generate the revenue

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<sup>8</sup> Salaam, 2005: 3.

needed to keep AOHK running. Such initiatives could take advantage of something these children have to offer that others will want to know or see, such as their lives and stories.

“Slum tourism” has recently become a hugely debated topic with the creation of major motion pictures displaying the wrought beauty of some of the most infamous slums in the world. Recent films like *Slumdog Millionaire*, *City of God*, and *The Constant Gardener*—set in the slums of Mumbai, Rio de Janeiro, and Kibera, respectively—have garnered a fan base that has set in motion the travel to such dangerous and poverty-stricken places. Crowds of First World citizens have flocked to slums like Kibera to figuratively “take it all in,” to bear witness to what is depicted as the worst kind of life to live in the worst sort of setting. “The typical pitch appeals to travelers’ desire for authentic experiences, as if authenticity can only be found in suffering.”<sup>9</sup> Naturally, morality issues have arisen as a result of these visits. “Who really reaps the economic benefits? What are the long-term effects? Who makes the rules? And where—for the poor who are the prime attraction—is the protection and oversight?”<sup>10</sup> These questions are all valid, and one must wonder whether the people who live in these areas actually benefit at all, or if they are just animals in a zoo—the crudest form of entertainment for people to enjoy.

An offshoot of slum tourism is slum photography—the development of pictures of slum life, usually taken by outsiders who capture a nice memento that they can take home and enjoy. Like slum tourism (or probably less so, since it has been documented that tour companies do, to some extent, re-invest profits back into the slum community), the photos probably do not benefit the subjects in them at all. Moreover, they probably do more damage. These pictures usually serve as documentary evidence for the photographer to show friends, family, and others that say they have seen “the worst,” a material testament that they have been to “the ends of the world” and back. While these photos serve as disgraceful keepsakes for the majority of the photo-takers, the people in them are shamed, embarrassed and humiliated by being on the other side of the lens. Hence, not only do they not benefit in any way from the pictures, but locals also suffer psychosocial consequences associated with being someone’s wall decoration—an object, rather than a person.

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<sup>9</sup> Dufresne, 2010: 9.

<sup>10</sup> *ibid*, p. 9.

However, these photos do have the potential to be income generators for the people in them—if done the right way. Furthermore, photographs as fundraisers could be just the tool needed for underfunded organizations in the slums, like AOHK, to gain money to continue their sustenance. By taking pictures of these forty children in their homes in Kibera slum, and by documenting their stories about how HIV/AIDS has impacted their lives, a photo-display, collage, or even a book can be created, mass-produced, and sold in the United States or other developed countries. No doubt, this is ambitious thinking, but it is not unfounded. Like there is a need to visit slums by Western citizens, there is also a need to see the slums without being there—creating activism and awareness for the conditions of these places and the people who live there. These are all potentially positive attributes to slum photography, the other side of the darkroom negative, if you will. There is a market for these photos, just not in Kenya or sub-Saharan Africa. Connections and partnerships in the United States, with backers and publishers, will likely be needed for such a project to be successful. Thus, a lot of hope, in addition to a significant amount of work, is being put into this project.



## **Objectives**

The following objectives of this project are:

- To gain access to HIV-affected families and children associated with AOHK and interview them about their lives and struggles, with an emphasis on the children.
- To also interview these families about their opinions about slum photography done by Westerners and strangers in their community.
- To correlate the problems and phenomena found via the interviews with problems documented in the existing research literature.
- To photograph the children
- To understand the history and origination of Angels of Hope Kibera, and understand its funding situation, programs, mission, etc.
- To turn the photographs taken and all the stories told into a photobook documenting the lives of these children.
- To market and fundraise the photographs and the book as a potential revenue generator for Angels of Hope Kibera

## Setting

Angels of Hope Kibera is located in the Soweto West village of Kibera that is proximate to the Olympic Estate of Nairobi. It is a short walk from Carolina for Kibera's building. The center has iron-sheet walls and roof, and is poorly lit with a single tiny light bulb hanging down from the top of the building. The building itself is a church rented out to AOHK; it is just one large room with ample space for the forty children who occupy its walls during the day. A single square was carved out of one of the iron-sheet walls to make a single window for the building's only source of light during the day; electricity is expensive, so they do not use the light bulb very much. Though the building/room is not much, it is a material testament to how hard the director of the orphanage, Regynnah Awino, has worked in the last couple of years. She has lived in Kibera her entire life, and knows its problems as well as anyone. She personally knows all of the children in her school/orphanage, having lived by them for years. And she knows how devastating HIV/AIDS can be for these children.

Kibera, as the largest slum in East Africa, worsens the effects of the AIDS epidemic on the people who live there. "Life there is a daily struggle with poverty, crime, and diseases."<sup>11</sup> The corruption of the landlords, who own much of the housing in Kibera, has led to the overwhelming growth of the slum, as well as its poor sanitation and health situation. Houses or huts are virtually on top of one another. There is very little space between homes, and the winding paths between houses are cramped and often difficult to walk through. Trash is everywhere in the slum. You do not walk on dirt when you go to Kibera; you walk on garbage, feces, and other unpleasant things. When it rains you pretty much walk through a cesspool of mud and diseases. I have had experiences of only walking through the slum the day after it rains. The situation must be much worse being in the slum when it is actually pouring. The estimated one million or so people who call Kibera home face an AIDS epidemic far worse than would be encountered outside the slum.<sup>12</sup> Estimates have shown that about 20% of the residents of Kibera is HIV-positive.<sup>13</sup> This prevalence is much higher than the national prevalence, which hovers around 7%.

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<sup>11</sup> Ibid, p. 3.

<sup>12</sup> Togom, 2009. p. 2.

<sup>13</sup> Berlin, 2006: 10.

## Methodology

The field research done for this project was attained by going into Kibera slum to collect the stories and pictures of twenty-nine children of the forty total that attend Angels of Hope Kibera (AOHK). The eleven or so children whose stories and pictures are absent from this research were not purposely ignored. Ideally, all forty children would have had their stories told and the pictures taken, but due to scheduling conflicts, and the locations of their homes being in more dangerous parts of Kibera, I was unable to go to the rest of these kids' homes.

Furthermore, Regynnah, the director of AOHK, set up all the interviews, visits, and photoshoots, and though she wanted to use all forty children, she and I both conceded when we reached twenty-nine, after it seemed that it was likely that we would not get anymore. Hopefully, the stories that were actually gathered can present some idea of the challenges faced by those whose lives and stories were not recorded. However, the purpose of this photo project is to show that every life is different, and that though these children do face similar challenges, their lives are not one big lump sum pile of the same story. I apologize, on that front, to the kids whose stories and faces were not compiled for this project.

The stories of these children were acquired in various ways. Of the children who actually live with a parent, guardian, or caretaker in a home, that home was visited, and information was gathered by interviewing that parent, guardian, or caretaker. I made those visits with Regynnah, who served as my translator for the questions asked. The questions dealt with various topics that were all relevant to the children, the parents/guardians, and their lives in Kibera. Topics covered included: the age of the children, the names of the parents/guardians, family composition, HIV-status (both of the children and the parents/guardians), family/child history, how the child is fairing in school at AOHK, the overall health of care-taking family members, some of the child's favorite activities, the difficulty of raising children in Kibera, how they felt about living in Kibera, stigma felt by both the children and adults of HIV-positive families, and their feelings about mzungu visitors and photography in the slums. In addition to these interviews in the children's homes, Regynnah supplemented the information gathered from the interviews with her own knowledge on the walk after each visit. She would tell me important details about the child and the family's story that were not covered in the questioning. For instance, after one

interview, where it was deemed that no one in the family was touched by HIV/AIDS, Regynnah informed me on our way back that one parent indeed had HIV, and did not want to disclose the status to me or anyone else because of stigma associated with such disclosure.

Of those children visited, several were siblings. Thus, a total of twelve visitations were made in the way outlined above, resulting in the acquisition of the stories of twenty children. The rest of the children's stories were acquired directly from Regynnah. Regynnah lives with six children, total orphans who have nowhere else to go. So the stories of five total orphans were gathered by directly asking Regynnah questions related to the same topics above. The day that I was visiting Regynnah to get the stories and pictures of the total orphans, four other children who attend AOHK, but who live with parents/guardians, were around, so Regynnah also told me those children's stories. In total, this resulted in the twenty-nine total stories of twenty-nine children.

For every story or collection of stories gathered from the children visited, pictures of the children were taken subsequently. I used my Nikon D80 with an 18-55 mm lens to take all of the photos. For those kids who had a brother or sister, I tried to photograph the siblings together, but there were a few exceptions. There were three sets of siblings who had their photographs taken with each sibling separate from the other. I believed that photographing siblings together was important to show that these kids had a brother or sister to rely upon who also went to AOHK, and to show that they were overcoming any challenges posed by HIV/AIDS together. Furthermore, it would highlight any differences shared between the two, and would indicate how there are even different shades of a family's story within the same household. Though I did not photograph each set of siblings together, I still believe that this concept of togetherness to weather the storm of HIV/AIDS is important, and I will emphasize this point in writing their stories for the photobook. For those who did not have a sibling enrolled in AOHK, they were the only subjects in their pictures.

When actually taking the pictures, I tried to do as much as I could with the setting and proximity of what was around me. I did not want to (nor did I think I could) drag these kids all around Kibera to get the most amazing picture ever—one of the main points in this book is to



show these kids as they are, because their stories alone are worth telling and knowing. To pose them on the bridge over the river or on a rooftop would run counter to that mission. So, I was a little limited in what kind of picture I could take. Most of the photos were taken outside, in close proximity to the house, or right by it. Some of the photos were taken inside, where the lighting made it too poor to capture a still photo, but the blurs may in fact enhance the overall quality of some photos, in my opinion. In the earlier interviews, I was satisfied with taking ten or fifteen pictures, but as I progressed with the interviews, I took more and more pictures, some photoshoots having more than fifty snapshots. I used a wide variety of angles, sometimes focusing just on the child's face with whatever Kibera background was available, sometimes positioning the children against a particular Kibera background to enhance the effect of where the child was living. Sometimes when I saw the child do something very photogenic, I would repeat the action to attempt to try to get the child to do it again. When the child was not looking at the camera when I needed to capture his or her eyes, I would call his or her name until she looked at me, and then I would snap the picture.

I had the kids wear a red bandana in various ways to serve to remind myself, and any audience I will potentially have with this project, that these kids are all touched by HIV/AIDS in some way. They wear the burden of that deadly red mark, though many in the developed world sometimes forget it. The red bandana, then, serves as a symbol that ties the kids together in that one aspect: they are, in some way, victims of HIV/AIDS. But at the same time, as this project illustrates, these kids are not all the same composite person that is continuously being pushed by Western conceptions. The sheer magnitude of HIV/AIDS has affected millions of children in sub-Saharan Africa, and many thousands in Kenya, which precludes many to just think of these children as all coming from the same exact background, all having the same exact story. From my discussions with these kids and their parents and guardians, this simply is not true. Furthermore, I believe to adequately fight and campaign for the end of anything worth ending, we must remember what we are fighting for. The Western world, whether knowingly or not, has swept all of these AIDS orphans and AIDS affected-children into one big pile, compiling their lives and stories as if they were just one big, single tragedy. Surely their lives are probably tragic, but by already fitting all of their lives into the same shaped hole, we unwittingly are desensitizing the individuality and uniqueness of every child's life that is touched by this disease.

Such desensitization, I deem, is the reason why many Western citizens are complaining about the amount of PEPFAR dollars and other funds that are being spent on what they see as a waste—cash being funneled to a problem that they feel is not going away. However, I believe that once this epidemic is personalized, once we see how this disease affects multiple people in so many different ways, once actual stories of actual people are seen and heard, the problem, and potential solutions to this problem, become relevant again. We see it all the time back home in the US, the reading off of alarming cancer statistics or the like, and how individual stories of strength, self-sacrifice, and perseverance inspire our own motivations and move us to tears. This project seeks to do just that—to make this problem relevant again to people in the Western world by appealing to their sense of empathy, through stories and pictures of the children of Angels of Hope Kibera, all of whom are affected by HIV/AIDS in some way. By attempting to move them in this way, hopefully funds can be gathered that can be transferred back to the AIDS care center, money that it desperately needs and could put to good use to help improve the lives of these children.

Thus, the bandana is important because of what it represents, but also because of what it does not represent. Embedded in those threads of red is the physical and figurative presence of HIV/AIDS on these children's lives—but that is far from the entire story. The real story lies within the child who wears the bandana, in the faces, eyes, and smiles of the kids of this school, all of whom are different, though all of whom are afflicted in some way by HIV/AIDS. Their stories, tinged different shades of red by this epidemic, move this project, and hopefully will move people to act on their behalf.

I had the children wear the bandana in several ways. Sometimes I asked the kids to wear it the way they wanted. Sometimes I gesticulated them to just play with it anyway they wanted. I would ask Regynnah to translate this to them. Other times, especially with the smaller children, I tied the bandana on them in the way that I thought would be best. And sometimes Regynnah herself would tie the bandana on in a random way that she liked. I tried to vary the ways the bandana was worn or held, but there are only so many ways you could do this. Furthermore, in the end, the pictures were less about the construction and visibility of the bandana, and much more about the children who were wearing them. Again, the real stories are the children's lives and how HIV/AIDS has affected them, not just the epidemic alone.

Information about the school and about Regynnah's own life, important to this project to highlight how young people are making a difference in developing countries, was attained by my own formal and informal interviews with her. Pictures of the school and of the children at school were taken on my visits to the school when it started up again, in the beginning of May. The school was closed for the month of April, so I acquired these interviews and photos when school started up again, on May 4, 2011.

Furthermore, a lot of observational analysis was relied upon every time I went into the field, including the field trips that we made into Kibera when the entire class visited either the Kibera School for Girls or Carolina for Kibera. When we were in our big group, it was a whole different experience than when I was the sole *mzungu*, with Regynnah as my guide. This observational analysis extends into virtually every aspect of my trips to the slum: my integration and reception into the Kibera community by its members, any actual interactions I had with these community members, the unwritten details of the children's homes and families and lives, the crowds that formed when photoshoots were outside. These observations are important in understanding the mentality among Kiberans about how they feel about *mzungus* (or Westerners), and how I deemed their expressions contributed to their feelings about me being there. I will rely on these personal observations to contribute to the stories of the children that I write for the photobook, as well as the prologue and epilogue.

The above methodology deals with all the steps necessary prior to the compilation and construction of a photobook that will depict these kids lives through pictures and words. All of the above steps were necessary to create an accurate depiction of these kids' lives, how difficult they are, and how institutions like AOHK can make an actual difference as a valid intervention that steers these kids along better paths. The creation of the book will serve as a compilation of this research and photography, and will hopefully endear to any audience it has in the hopes of creating revenue that can be given back to the AIDS care center. Everything hereafter covers this book-making process.

I struggled a bit in coming up with how I would actually organize the photos and stories. I did not know whether I would make a physical book, or if some online, bookmaking software was available through the Internet. I consulted my photography teacher from high school, Vincent Colabella, who himself is a published photographer. He guided me to Blurb Books, an online website that has downloadable templates for the construction of a book. I have downloaded and have been using their SmartBook application for the construction of this photobook. After the book is finish, Blurb Books will print it for a fee.

In figuring out the layout of the book, I looked up a few published photobooks, both online and in print, to come with ideas of how to organize my own. Though I have learned a bit about composition and style in studying these books, in the end, I think I am going to have to rely on my own creative judgment for figuring out the layout of this book. The result might not be pretty.

The actual marketing of the book, either for sale or as a fundraising tool, will be an ongoing process, and will likely be a much longer term project that will extend into the school year back home. I have talked to a photo professor at my university, Phyllis Berger, who suggested a class she is teaching that is, really, precisely what I am doing: working with Blurb Books software to create an art book, copies of which potentially being sold at an exhibition at the end of the semester. Though this seems great, I do not necessarily want to wait another six months to finally print this thing. I think I might end up printing whatever I compile at the end of this semester, and begin marketing with that, while simultaneously fine-tuning the book with whatever I learn from the class. Would this mean that there are two editions of the book? I am not sure. This will probably be an ongoing internal dilemma that will dictate my Fall Semester 2011.



## Discussion and Analysis

The methodology above connotes how multi-faceted this project is. The results follow along those same lines, and will be discussed in separate sections. Interviews with the children and their families revealed a host of problems that have been documented several times in previous literature; the challenges that these families and children face are sometimes staggering, and one can only wonder how they continue to persevere against such overwhelming conditions. Stigma, particularly, is an issue of noted concern, as its psychological mal-effects for both the caretakers and the children are very saddening. Following will be personal interviews with Regynnah, which reveal her life story, and how she came to be inspired to start up this school-orphanage. Further details about its funding, programs, setbacks, and aspirations will be documented, and will be analyzed as a positive intervention that brings hope to these angels of Kibera. Questions and answers about photography by mzungus in the slum will be talked about next, posing another interesting dialogue about outsider-insider relations in the slum. After all of the actual field research is discussed, the construction of the photobook will be the next topic analyzed. The many choices made and dilemmas struggled over, about style, composition, and details, will be discussed in relation to the selection of the photographs and the writing of the stories. Finally, the future of this project will be discussed, the different places it can go, and suggestions by professionals and colleagues alike who seem to think that this is a good idea that can potentially do a lot of good. I remain slightly pessimistic, not wanting to get my hopes up.

### *HIV/AIDS and its Detrimental Effects on Children*

The AIDS epidemic that has blanketed sub-Saharan Africa has clearly affected the people of this region in very obvious ways. The trail of millions of deaths that this disease has caused is a long one indeed, and it seems that almost everyone here is touched by HIV/AIDS in some way, whether it be themselves having the disease or knowing someone close to them who does. Its effects on children are particularly damaging, as many will grow up with a parent or caretaker who has HIV and who will potentially die before those children become adults. The challenges are many for these kids, and as a major sector of the rising generation for many countries,

governments will certainly have to deal with several problems for this cohort of kids affected by HIV/AIDS.

Governments with significant populations of children orphaned and made vulnerable by HIV/AIDS may be faced with a range of issues, including surging street children populations, a rise in child labor, child prostitution and other forms of exploitative work, vulnerability to crime, militias and terrorist organizations, a growing population of uneducated and unskilled laborers; and long- term foreign aid dependence.<sup>14</sup>

Clearly, then, the risks for these children are severe, as most of the pathways available to AIDS-affected youth are mostly crooked, and rarely straight. Many are forced to go to the street, especially in Kenya, where masses of street children are relegated to committing petty crimes like stealing to survive each day.<sup>15</sup>

Economically, the AIDS epidemic has been devastating for HIV-affected youth in many different ways. Though ARV drug access is technically free in Kenya, there remains a number of costs related to medical expenses, transportation fees, special foods, etc. that continue to pinch the purse of already financially insecure families. Furthermore, the care of HIV-affected children is continuously falling on the poorest people in developing countries, a trend that seems to be growing.<sup>16</sup> Specifically, in Kenya, most households that agreed to take in children orphaned by AIDS have had incomes below the national poverty line.<sup>17</sup> Thus, the task of taking care of these kids consistently is the responsibility of people who probably cannot afford it anyway. Since these families are already poor, resources needed by the AIDS-affected children of these families will also be lacking. Those families living with an HIV-infected parent will likely have lost substantial income. Most of these kids will not get the help and support needed to overcome the effects that HIV/AIDS has had on their lives and families.

Food security also becomes a serious issue for AIDS-affected children. Studies have shown that the risk of malnutrition amongst children living within sub-Saharan African countries

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<sup>14</sup> Salaam, 2005: 5.

<sup>15</sup> Ibid: 5.

<sup>16</sup> Foster and Williamson, 2000: S280.

<sup>17</sup> Ibid, p. 7.

is much higher amongst children living with HIV-positive mothers.<sup>18</sup> Crop supply has been affected since the AIDS epidemic largely affects women within sub-Saharan Africa, and since women in the region bear most of the disease burden.<sup>19</sup> This indirectly affects children as women, performing a number of household functions, serve as the overseers of children, making sure they stay safe, healthy, and fed. Furthermore, the premature death of these women has led to the collapse of the bridge of knowledge that is transferred between female caretaker and child. Women dying young due to HIV/AIDS are unable to pass on these agricultural skills to their children, who are left without the know-how to become independent and produce food for themselves. This failure to pass on life skills delves not only into agricultural production, but also into a host of other areas.

Perhaps the area where HIV/AIDS impacts children the most is education. Directly related to the negative educational impact that HIV/AIDS stamps on these children are economic consequences for countries whose disease prevalence is substantial. “Some social scientists are concerned that the growing number of children affected by HIV/AIDS could lead to a decrease of skilled laborers within a country, further destabilizing the national economy and society at large.”<sup>20</sup> The potential dearth of educated, skilled labor in HIV-affected countries would impede the progress made over the last decades by these nations. Such a lack of education in the upcoming AIDS-affected generation may pose leadership questions in government, economics, health, development, and other vital sectors necessary for the upkeep of these countries. The interruption of an AIDS-affected child’s education begins once a family member starts becoming sick; this particularly affects older girls, as they can contribute to caretaking responsibilities or housework.<sup>21</sup> Though not economically noticeable, children taken out of school to help contribute to the care of HIV-positive family members do quite a bit of work, whether it be domestic, agricultural, or sexual. Thus, their being taken out of school is not unsubstantial in the short term, but its long-term effects are quite detrimental, since a decent education can prospectively push them out of the vicious cycle that HIV/AIDS perpetuates. School attendance

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<sup>18</sup> Magadi, 2011: et. all.

<sup>19</sup> Salaama, 2005: 8-9.

<sup>20</sup> Ibid, p. 7.

<sup>21</sup> Foster and Williamson, 2000: S281.

is lower amongst children orphaned by AIDS, and a study in Kenya has shown “that school performance was significantly poorer among children orphaned by AIDS.”<sup>22</sup>

One of the most devastating effects of HIV/AIDS on those infected and their families is the harsh social stigma that emanates from the surrounding community. “Children are not immune from stigmatization. In cases of stigma, children begin to be rejected early as their parents fall ill with AIDS. Some children may be teased because their parents have AIDS, while others may lose their friends because it is assumed that proximity can spread the virus.”<sup>23</sup> Thus, though parents and those who actually contrived HIV/AIDS receive a good amount of the stigma cast against them by the community, the children in these families, to some extent, also receive this stigma, simply for being related to an HIV-infected person.

The psychological effects on AIDS-affected children are another issue of concern. Of those who live with an HIV-infected parent, children who know that that parent is dying must undergo a number of mental and emotional hardships as they watch that parent gradually slip away. Studies done in Kenya have revealed that more than three-quarters of children who have been orphaned by AIDS felt alone, having no one outside of immediate family to talk to about the heavy emotions they were feeling after having watched their parents die.<sup>24</sup> These kids are isolated, confused, shocked and scared, and, as many can attest, without proper discussion and venting, these corrosive feelings can fester to create a child so pessimistic, so lost, and so negative.

#### *HIV/AIDS Related Problems Amongst the Children of Angels of Hope Kibera*

Many of the problems and challenges listed above were present in the stories of the kids whose families I interviewed. Of the forty children who are served by Angels of Hope Kibera, all are affected by HIV/AIDS. Most have parents who either have the disease, or who have died from it. A few of the children themselves have contrived the disease. Thus, all of them are

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<sup>22</sup> Ibid, p. 9.

<sup>23</sup> Salaam, 2005: 10.

<sup>24</sup> Ibid: 11.

directly affected by this epidemic. Of the twenty families represented by the interviews, fourteen have at least one parent or caretaker living with HIV-positive, three have had a parent die from HIV/AIDS, two have the actual child living with HIV, and one has both a parent and the child living with HIV.

The overwhelming problem common to practically all of the families and children was financial insecurity. All of these kids live in Kibera, supposedly the second largest slum in Africa, and the largest in East Africa. Simply put, Kibera is very poor. This slum is known for its extremely high population density, with family members figuratively living on top of one another. Houses are small and cramped, and Kibera is congested with them; these dirt-walled, metal-roofed shacks are so close to one another in the community that they sometimes look that they actually touch each other. Trash, “flying toilets,” and other garbage litters the dirt pathways that twist between the elements of the built environment in Kibera. Rain creates rivers that flood through these pathways, making walking through the slum a very messy adventure. Thus, Kibera is not a wealthy community. The people who live here are poor, and struggle in more ways than can be counted. And this is without the presence of HIV/AIDS in a Kibera family. Once the disease has gotten hold of a family member or two, the situation faced by these kids and their families is much worse.

Often times, the interviews with the children and their families revealed the snowball effect of HIV/AIDS, how the many mal-effects it can produce within a family collectively strengthen each other to bring about the downfall of that family. A parent or caretaker with HIV/AIDS often gets too sick to work, resulting in a loss of income, which results in the second parent or caretaker working harder to provide for the family, which results in him or her getting sick as well, which results in a second loss of income and food shortages in the family, which forces the children to start doing domestic or paid work, which takes them out of school, which prevents them from having a solid education, which forces them to stay in Kibera, where opportunities are limited, and where it is difficult to escape. Thus, it is not surprising to see how one mal-effect of the AIDS epidemic on children results in the appearance of a second, third, or fourth mal-effect.

Most of the families interviewed had at least one parent who was HIV-positive and still living.<sup>25</sup> Several times, this HIV-infected family member was too sick to work, resulting in a serious loss of income for the family to use to support itself, as documented above. This loss of income translates to a lot of terrible consequences for the family: food shortages, less money spent on electricity or other utilities, the overexertion of other family members to help make up for the loss of income, the reliance upon family networks to help raise a child, etc. Thus, these negative consequences also negatively affect the children who live in these households. The snowball grows.

Hunger and food insecurity was specifically mentioned in a few of the interviews of these children, but is probably much more prevalent amongst these kids than was found by the interviews. One HIV-positive mother was complaining about how powerful her ARV drugs were, sometimes putting her into a dizzy spell so strong that she cannot go anywhere the rest of the day, not even to go and get food for her children. So, when their mom is too induced by her medications to make dinner, the kids go hungry that night. Another mother told me how her kids were used to the problems that she faces, and that they are used to going hungry. That mother went on to commend Angels of Hope Kibera for having a feeding program at school that provides a free lunch for these kids. She told me that at least the kids could get one meal guaranteed a day. I think the fact that this feeding program exists attests to the unmet need of food by these kids. The program probably is instituted because Regynnah and the school recognize that these children probably do not get enough to eat.

Stigma and other psychosocial effects of the AIDS epidemic are particularly damaging for the families and these children. Many of the families that I interviewed did not reveal to me their HIV-status for fear of it being spread amongst the members of their communities that the epidemic has touched their lives. They did not tell me for good reason. Stigma is almost as deadly as the physical effects of the disease, especially in such an extremely tight-knit community, both physically and socially, as Kibera. Before I talked to these families and saw

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<sup>25</sup> Due to the already stigmatized nature of many of these families' lives, I will not be revealing the names, or even aliases, of the caretakers and parents interviewed to respect their privacy. I will refer to information gathered from the thirteen interviews as "Interviews in Kibera: et. all."

these kids, “stigma” was just a buzzword, a term that you knew meant something momentarily important, but something that was not quite understood until witnessed. And I did witness it in Kibera. The stories that were told no longer made stigma this intangible, airy concept that I could not firmly grasp, but something quite solid and real, something that has slapped these families hard across their faces, and my face too.

Stigma against HIV-status has made several families very scared, afraid of the consequences they will be faced with once other people know. Some keep the burden of their secret to help keep vital jobs necessary for their subsistence. It is feared that once employers or co-workers hear about one of their number being HIV-positive, then that it is as good as being fired. According to Regynnah, HIV-positive people are looked down upon in Kibera, and it is very hard for them to keep or find jobs. So, those who are infected try to hide their secret as close to their hearts as possible.

Some of the more emotional stories regarding stigma were extremely heart wrenching. One HIV-positive mother was on the verge of tears as she told me how she was always discriminated against whenever she tried to get involved in community activities. They would say mean things to her, and sometimes even beat her. These neighbors and their children even went after this mother’s kids on some occasions, making fun of them, disregarding them, only because their mother was HIV-positive. Whenever her or her children were treated like this, this mother would shut her and her kids up in her house and just start crying.

Two sisters also had to deal with the effects of stigma from the neighborhood kids because of their mother’s HIV status. Parents of those bullies told their children not to play with the two girls, not to touch the water that they touched, because it and they were infested with AIDS. One HIV-positive boy was totally orphaned after his parents died. He went to live with an aunt and uncle, but the uncle abused him because of his HIV-positive status. As the boy became older, his uncle eventually kicked him out. The boy had no idea where the abuse and abandonment by his extended family was coming from. He did not know he was HIV-positive.

*Angels of Hope Kibera as a Positive Intervention*

Regynnah Awino was twenty-two years old when she founded Angels of Hope Kibera in July of last year.<sup>26</sup> She is twenty-three years old today, and her achievement still remains a remarkable feat. How many twenty-something year-olds have had such an influence on her community as she has had, creating an institution so positive and impactful at so young an age? When asked what made her start AOHK, a question she must have been asked so many times, she said, simply yet pronouncedly, “I was inspired by the problems that the children are facing because I was facing them when I was a child, too.”<sup>27</sup>

Regynnah has been a Kiberan her entire life. Born in 1988, she was the last of seven children. Her father died in 1992, when Regynnah was four. Leaving only Regynnah’s mother to take care of her. After her father died, things became extremely difficult for her family. The income that Regynnah’s mother made from running her food kiosk was not enough to cover all expenses for her and her children. The children’s school fees were too steep during those hard times, so some had to drop out. Others married early in order to have a partner that could help out financially. By the time Regynnah was school-aged, the worst had just begun. Her mother’s food kiosk completely went out of business, and the family was stuck and lost with absolutely no one to turn to. Regynnah’s mother was reduced to begging so that food could somehow be brought into the family.

Things would turn around though. A friend told Regynnah’s mother about a school that required no fees, but asked parents to work for them in exchange for their child’s education. They took advantage of that opportunity, and Regynnah finally went to school, while her mother worked for three years. One good thing led to another as contacts were made through the school that allowed Regynnah to find a sponsor to fund her education further through International Service Voluntary Association. Regynnah would attend primary and secondary school, completing her studies in 2007.<sup>28</sup> She made it.

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<sup>26</sup> Interview with Regynnah Awino. 4 May, 2011.

<sup>27</sup> Ibid.

<sup>28</sup> Angels of Hope Kibera Profile, 2011.



When Regynnah saw the little children around her neighborhood going through the same things she had gone through, she knew she had to act. Starting during her high school years in 2005, she began taking in orphaned children with nowhere else to go, gaining permission from her mother, whom she still lives with today. This benevolence eventually led to the creation of Angels of Hope Kibera in 2010 as an institution that could provide for children who needed providing for.

Angels of Hope Kibera is a non-profit, community-based organization run virtually by people who volunteer their time so that these kids can get the assistance they need. The main brass in the organization includes Regynnah as its coordinator, a couple of teachers, and a board of twelve trustees. The organization is registered under the Kenyan Ministry of Children and Gender Services. Though the organization seems to have started as a center for all children in need, so many of the kids currently there have been affected by HIV/AIDS in some way that center's services have expanded to cover these needs. All of the kids whose families I interviewed either had a family member living with or dead from HIV/AIDS. Sadly, several of the children themselves had contrived the disease. Thus, Angels of Hope Kibera is truly an AIDS care center, working to meet and overcome the problems that these children face and will continue to face.

AOHK currently hosts about forty children from the ages of two to nine, though they originally cared for seventy children at its inception. Limitations on shelter, food, clothing, school supplies and other resources forced Regynnah to unwillingly let go of some of the children.<sup>29</sup> Of those forty children, all but six live either with their families, extended families, or with some other guardian. Those remaining six are total orphans who live with Regynnah and her mother in her very tiny house. Having taken in children since 2005, this compassion is nothing new for Regynnah and her mother.

With very restricted funds and resources, AOHK provides a number of services that address the needs of AIDS-affected youth. The center runs a daily feeding program during every

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<sup>29</sup> Ibid.

school day. Lunch is served daily Monday through Friday at 1 PM. AOHK used to offer a porridge breakfast as well, but lack of funds forced them to cut this meal from the already scant budget. Early childhood, Class 1 education is provided for free, with two teachers (who are essentially volunteers) providing lessons and teaching them English and other important subjects. A makeshift chalkboard lies on one wall, the ABCs written on it. Most caretakers and parents of these families would like to send their children to more formal schools, but due to lack of income, they are unable to pay the school fees associated with such an education. However, Angels of Hope Kibera is not a bad alternative, especially considering their education is absolutely free. Additionally, AOHK provides counseling for HIV-positive parents and anyone else who wants it. Regynnah, personally has helped out in other ways, including going with the HIV-positive children to medical dispensaries to get ARVs, going through the legal process to formally adopt orphans, and other invaluable means.

Many experts have agreed that the best way to address the multi-dimensional plight of AIDS-affected children is through the community, specifically through community-based organizations like Angels of Hope Kibera.<sup>30</sup> In the absence of money for school fees or more formal schools, “community schools have been an attractive alternative to some because such schools do not have user fees, uniform requirements, or related school expenses. Additionally they utilize local teachers who often work on a voluntary basis, and are more affordable and accessible to the poorest children because they are able to adapt to community needs.”<sup>31</sup> School feeding programs have also been looked at in a positive light, guaranteeing children at least one meal a day while reducing potential abuse of the child should an alternative like a stipend be used instead.<sup>32</sup> Stipends can be abused by parents and families for their own wants or needs, taking away any potential impact from the AIDS-affected child. With a feeding program at school, there is a guarantee that the child directly benefits.

Angels of Hope Kibera is doing what it can with what it has. Currently, the monthly budget is around 21,000 to 26,000 KSH, roughly about six-and-a half to eight dollars per child

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<sup>30</sup> Salaam, 2005: 15.

<sup>31</sup> Ibid, 2005: 15.

<sup>32</sup> Ibid, 2005: 14.

per month. The services they can squeeze for that many children on that low of a budget is truly impressive, especially considering that Regynnah must pay 3,000 KSH to each of the two teachers (this amount is so low that they are essentially volunteering), and another 2,000 KSH to the church where the school is set up during the week. Funding is solely through donations. Regynnah goes around every month to friends and colleagues, some poor, others wealthy, and asks them if they can contribute whatever they can to the center for the month. Sometimes people give 200 KSH, sometimes 1,000 KSH, but many times people are unable to give anything. That is when Regynnah reaches into her pocket and pays the difference of what was donated from what is needed each month. On average, she believes that 80% of the budget is funded directly from her own income. She is able to give so much to the institution that she founded because of her job at Map Kibera within the slum.

The story of Regynnah and Angels of Hope Kibera is amazing. How someone so dedicated to her cause willingly pushes it to succeed while overcoming so many obstacles mirrors the same brave-faced motivation of the kids she serves and the problems that they must defeat. But the fact remains, they need some sort of assistance to more adequately address these problems. Regynnah should not have to pay eighty percent of the upfront costs to run her organization, especially one that is doing such good for the kids of the Kibera community. She has sought help from other NGOs and institutions within the slum, but they all are unable to help her. Carolina for Kibera, Women for Women, Lea Toto, none of them could give her any sort of support for Angels of Hope Kibera. She applied for government food aid, but somehow her application did not go through.

Extra funds supplied to AOHK can supplement the improvements in these kids' lives that have already begun. There are a variety of needs that need to be met. The porridge breakfast needs to be re-installed so that the children are less hungry. The center wants to expand its education service to include more children, so that they will not have to turn them away when they come asking for help. Regynnah does not want a repeat of the thirty or so children denied AOHK's services because their budget could not support them. The school needs to have its own building, not the dingy and dark church with holes in the iron-sheeted roofs and walls. Teaching in that place becomes virtually impossible during the rainy season. The kids must

huddle into one tiny corner to shelter themselves from the rain coming through, thoroughly interrupting their studies. There are no chairs for the children to use; the church benches are off-limits for the kids. One time, one of the children had an asthma attack and died, a very sad story that could have been easily prevented if there was enough money present to just take the child to the clinic and pay for his bills. Clearly, there is a need for more funds so that Angels of Hope Kibera can better take care of these kids. Donations have been lacking, so other methods need to be looked into to potentially meet this monetary drought. Photography can be one such avenue.

### *Slum Photography and Its Perceptions by Kiberans*

Nowadays in the Kibera slums, there is no lack of Western mzungus present that work for aid organizations and NGOs within the community. Of course, there are many, many more Kenyans who are seen in Kibera, but seeing a white person walking through the slums is not as uncommon as it once was. Outside of aid workers, there are slum tourists, people who visit Kibera to view what is prototypically perceived as the worst lives to live in the worst sort of setting. Slum tourism has been booming recently, leading to the creation and success of tour agencies that have propped up to take advantage of this Western-dominated market. Barring any sort of analysis and investigation into the motives of these tourists, whether humanitarian, selfish, or a bit of both, the fact remains that these people are coming and that they are coming in droves. And they are bringing their cameras with them.

On our sole group trip into the slum, we were warned by workers at Carolina for Kibera to ask Kiberans before we snapped any sort of picture of them. Though many of us heeded that worker's advice, most of us still took many pictures, myself included, but just not of the people when they did not give us permission. Now being on the other side of this project and semester, I think that advisory should have extended to taking pictures of anything in Kibera period, whether it be the people, the homes, the surroundings, etc. Kennedy Odede, a native Kibera who has co-founded Shining Hope for the Community and the Kibera School for Girls, has some strong words about the growing trend of Westerners coming in to his home: "Slum tourism turns poverty into entertainment, something that can be momentarily experienced and then escaped

from. People think they've really "seen" something — and then go back to their lives and leave me, my family and my community right where we were before."<sup>33</sup> As Odede points out, this is their community, a community which has been visited like a zoo for years now, and to watch Westerners come in to just take pictures and do nothing else must make Kiberans feel exposed and indignant. My interviews with them revealed just that sentiment.

At the end of most interviews, questions about the invasion of Westerners into Kibera and the pictures they take were raised. Almost all of the caretakers and parents interviewed agreed that this practice was "not good" at all, and in fact, was quite wrong.<sup>34</sup> Many mentioned how the pictures never at all benefit them, the people in the photos. As Odede himself writes, "slum tourism is a one-way street: They get photos; we lose a piece of our dignity."<sup>35</sup> This point is very important, both to this project, and in general. Almost all of the people in Kibera are struggling in some sort of capacity, the majority from poverty, but some in other ways as well. When Westerners come in to take pictures, it is doubtful that those photographs do anything to alleviate such suffering; furthermore, the suffering itself is probably what attracts Westerners to such sites and to take such photographs in the first place, the morality of which is certainly questionable. In fact, these pictures probably do more harm than nothing, creating a further psychosocial dilemma for the people captured by these cameras. Anger, frustration, and sadness probably are felt by at least by some Kiberans who feel naked and exposed by the camera lenses of Westerners. On a walk to school one day, I remember a colleague of mine videotaping the journey, and when one man saw the camera, he told us very vehemently not to get his face on camera. The general sentiment seems to be that people here do not want to be used for their poverty.

From the interviews garnered, there were a few stories told about how people from organizations or churches would come and talk to Kiberans and say that they intended to help in some way, whether through the school sponsorship of a child in that family (paying for school-related fees) or something of the like. These Westerners asked to take a few pictures, which the family obliged them to do. Yet, days, weeks, and years after the incident, these families have

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<sup>33</sup> Odede, 2010.

<sup>34</sup> Interviews in Kibera: et. all.

<sup>35</sup> Odede, 2010.

still not heard back from any of these people. There may be other explanations other than the purposeful exploitation of these people simply for a good photo, but the fact remains that none of the promised help was given to these families.

Another common theme heard from several interviews was how pictures were taken without any attempt of asking permission. One mother told me how her little boy was just sitting right by the house, and a photographer just came and took a picture without asking or saying anything. In the United States and other Western countries, this practice is more culturally acceptable—to simply snap a photograph of strangers that you do not even know. Kenya's cultures, and particularly its slum culture, are vastly different. Whether stigmatized by poverty or simply because they just do not want their picture taken, Kenyans and Kiberans alike often get very unhappy when a picture is taken of them without any sort of consent or permission. Odede recounts his own experience when his picture was taken: "I was 16 when I first saw a slum tour. I was outside my 100-square-foot house washing dishes, looking at the utensils with longing because I hadn't eaten in two days. Suddenly a white woman was taking my picture. I felt like a tiger in a cage. Before I could say anything, she had moved on."<sup>36</sup> I have experienced this attitude once during my time here. When wandering through the markets of Mombasa, a few students and I stopped by one warehouse where vast quantities and different kinds of mumus, kikoiis, and kangas were being sold. I attempted to take a picture of one stall's display of kangas, attracted to them by their colors and form. The lady who was sitting in the stall got irritated, and called me over, thinking that I had taken a picture of her. She asked me why I did that. Explaining that I only wanted to take a picture of her beautiful clothes, she softened a little bit, but I could tell she would have been very upset had I actually taken a picture of her.

Still, others interviewed wished that they had some idea of what the photographs would be used for, when those pictures were taken without permission. A mother and father seemed open to the idea of Westerners coming in to take pictures, but only if they knew what those photos were going to be used for, and if it was beneficial to some extent. An aunt of one child told me that photographs themselves are not bad, but what is potentially done with them that can be bad. Perhaps one reason that could be offered as an explanation for photography without

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<sup>36</sup> Odede, 2010.

permission is lack of communication between the photographer and the photographed due to an inability to speak the other's language. Language barriers are abound in the slums since, from my experience there, most residents cannot speak English or any other Western language. Each interview that I conducted with the families had to require Regynnah to translate my questions from English to Kiswahili so that the caretakers and parents would understand them. Yet, language miscommunication is not really an excuse. The interviews that I conducted made it sound like no attempt at all was made to communicate with the families when the pictures were just taken unasked. Gesticulations or even Kiberans who could speak English should have been consulted to get the message across prior to the click of the button. A picture is not worth disrespecting and disgracing a family, no matter how good it looks.

The comments made by that one set of parents—that pictures would not be such a bad thing if their purpose was made more transparent, and if the work was actually beneficial—seemingly resonates when viewed from the lens of my own project. The point of the photographs that I took is to directly benefit the people in the pictures, an idea that has surely been thought of before, but that has not exactly been put into practice as much as it should be (though my own research on the topic was probably not the most exhaustive thing ever). Perhaps the most successful work that I have found, and the most relevant in terms of both location and purpose, is Lana Wong's *Shootback*. Her project put the cameras into the hands of the youth of the Mathare slums of Nairobi, allowing them to document their own lives through their own eyes.<sup>37</sup> The Shootback project led to the creation of a permanent institution that bears the same name, giving the Mathare youth an education in photography that they can potentially turn into skills to get them out of the slums. The epilogue to her book said that all of the proceeds of the book would be funneled back to the youth of Mathare whose work was presented. Though there are some marked delineations in my own project from Wong's, I think the general idea and purpose remains the same. I want to use these photographs as a potential tool that will appeal to audiences in the developed world, to introduce them to the lives and setting of the kids of Angels of Hope Kibera. Then, I hope to turn that appeal and introduction into monetary funds that will directly impact this HIV/AIDS center, and thus, the lives of these children.

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<sup>37</sup> Wong, 1999: et. all.

My association with Angels of Hope Kibera, specifically, with Regynnah, was what got me through the door of all of the homes of these children and their families. Regynnah explained to them the purpose for taking the children's pictures, how there is much potential for an impact to be made on the AIDS center, and on the lives of these children with these pictures. Thus, my reason was made clear for why I wanted to take these pictures, and the parents seemed only too happy to get their kids in front of the camera. What also helped was sitting down in the homes of these families, actually talking to them, and actually listening to their stories. All too often these families must just be treated so inhumanely, as an unliving object, just a person who is part of the scene that would make a good picture. My approach to understand them and their lives, to get to know them, rather than just take their picture, may have made the difference that gave me their permission.

This project, and the approach I used, reverses the dialogue of slum photography, which almost always benefits the photographer and rarely has any substantial, tangible, direct benefits for the people in them. That is not to say that slum photography has never been positive for the subjects. The likes of Jacob Riis and Lewis Hine have created remarkable social change through the lens of their cameras, change that has spurred a country to better take care of the masses who were ignored. Their work was amazing; it created a lot of awareness for issues that should be addressed, eventually turning this awareness to policies that benefited the people in the pictures. I, too, want to create awareness, though on a much smaller scale to a much smaller audience. Most Westerners and Americans are educated enough to know the plight of the people suffering from the AIDS epidemic. Globalization and popular media has brought images of starving African children to virtually every corner of the world. To me, it seems that people are aware. What I am trying to do is to get them to care again.

I believe that the massive HIV/AIDS epidemic, and the sheer size of the numbers of people infected and affected, have desensitized those in the developed world who have the capacity to give and to help. As documented earlier, the mal-effects of this disease will not be over once prevalences approach zero. The growing tide of AIDS-affected children will have a serious effect on the abilities of these countries to cope, with a generation that is under-educated



and under-cared for at the helm. But that is just the problem; the tide is growing, and will continue to grow. Those in the West probably just see a huge mass of children, all with the same story, all with the same tragedy, all with the same life. Many are already under the assumption that Africa is a single country, and not a continent made up of countries.

The point of these pictures, and the book that will hopefully be compiled out of them, is to remind Americans and others that these kids are not all the same, that they do have different stories and different lives. Most of their lives are indeed tragic, but Shakespeare wrote several tragedies and not any of them are the same. By introducing my audience to these children on a more personal level, I hope to instill some sort of feeling again, some sort of realization that this epidemic is more than just a numbers game, that these are very real kids with harshly real lives and incredibly real stories. Attempting to overcome any sort of desensitization, I hope to bring greater awareness to the personal effects of the AIDS epidemic on these children, and not just its existence, which everyone already knows. Finally, by striving to move anyone who sees their pictures and reads their stories, I hope to endear my audience to give something, anything, that can be re-routed to Angels of Hope Kibera, and help make the lives of these children brighter and better.

### *The Photobook*

At this point, the construction of this book of pictures has been an ongoing and continuously changing project that has not been helped at all by my indecisiveness and hesitation, as well my perfectionist attitude to projects like these. At the same time, however, it has been an enjoyable process, the kind of work that you wish you could do all the time because you will always care about the outcome and the effort put into such an endeavor. There have been a couple of internal philosophical debates about how to go about designing and laying the book out, what themes I should use to connect the pictures and the stories, and how I should write the stories themselves.

Originally, I had planned to have the book be composed of all black-and-white pictures with a red accent on the bandana that was worn by all the children. This would make the

pictures aesthetically appealing (supposedly) because the red of the bandana would show up well against the black and white. See Appendix C1 for an example of such a picture. By making the pictures in this way, I would be able to visually embody the theme of making these kids stand out from the mass of black-and-white numbers that the AIDS epidemic continues to signify. However, after doing a few red accents on some of the pictures, I started realizing that the accent took away from the child; the first thing a viewer would see was the red of the bandana, and sometimes that red would be so overwhelming that that was all the audience would see. The child's face would be a secondary afterthought, which simply was not my intention at all. After experimenting with some colleagues' initial reactions to the picture (where in the picture they looked first), and gaining professional guidance from my high school photography teacher, Vincent Colabella, I decided to drop having the book be composed solely of these red accented black-and-white pictures. I believe I will use a couple of these pictures in the final product, but the majority of the book will be in black-and-white and in color. I, and others, believe that the photographs themselves should visually tell the stories of these children, and that I should not have to rely on tricks like the red accent to gain an audience's appeal to tell these stories.

The second major dilemma I was faced with was the creation of the narratives that would serve as the children's stories. Regynnah expressed the wish that the stories be told in the first person, as if they themselves were telling their own stories with the adjacent pictures providing the context. I had originally set out to fulfill these wishes, as I also agreed that the most powerful narratives could only be told in the first person. However, I ran into some journalistic and ethical questions as to what specifically I was writing, whether or not it can be construed that a child was actually believed to say or embody the things that I wrote. My interviews were with the caretakers of these children, so the information I received was not directly from the child's mouth. Furthermore, some of the things I said, I related back to the style and expressions in the adjacent pictures, to hopefully create a more powerful statement and sense of awareness. Questioning whether what I was writing was ethically acceptable, I again asked friends to take a look at the things I was saying. The reactions were mixed. Almost all believed that the narratives were good, but some did indeed question whether or not I could say these things as if the child was saying them. Others, however, believed it was totally okay for me to write the narratives in the first person, that it was quite obvious that the kids did not themselves say these

things, that it was a narrative meant to engage the audience while telling them the facts about this child's life. See Appendices A1 to E2 to see examples of five of the children's pictures paired with either a first-person narrative, a third-person narrative, or both.

I would like to keep the stories in the first-person narrative, but at the same time, I do not want the ethical integrity of this work to be questioned. Thus, I will go about writing the rest of the stories in the third-person, which also has its advantages in allowing me to give further details of my visits and interactions with the children, things that cannot be said if first-person was the choice of narration. However, the book is not closed on the topic of which type of story-telling to pick. Since this project is much longer term than I originally had planned, there is time for the change over from one perspective to the other. I will consult professionals once I am back in the United States to see which way would be best to go about telling these kids' stories.

The last conundrum of the book is the actual layout. I have been advised by Vincent Colabella to keep the layout as simple as possible: use the pictures as they are with plain-faced text. He said that the pictures are powerful enough, and the stories moving enough where keeping everything else simple would not necessarily be a bad thing. He suggested putting a picture on one page and the child's story on the adjacent page. Though I have done this layout with some of the pictures and stories, I feel, at this moment, that adding a bit of diversity to the overall layout of the book would not be a bad thing. And so, I have been going about the layouts of the book in different ways for different children's stories and pictures. Some of the kids have multiple pictures that are good, and I think it would be a waste not to use them. Thus the layout for some of the stories employs the use of multiple pictures, with different arrangements of the location of the pictures and the written text. Others are much simpler, a la Colabella's suggestion. For some children, I precede the text with large, two-page photo spreads that may help "introduce" the child before reading his or her story. I think the effect, when the pictures are decent, is quite appealing. I consulted Lana Wong's *Shootback* for aesthetic ideas, and I was not disappointed. Some of the pictures and captions are truly moving, and hopefully I can create something that will be half as good as her work, though even that is asking for a lot. The layout, like the other two dilemmas, will also be a constant work in progress. Once all of the stories are

designed in the way I deemed best, I will again seek professional opinion on whether it is adequate enough, or whether I should head back to the drawing board.

### *The Future of the Project*

As stated from the very beginning, the ultimate purpose of this project is to raise funds for a cause worth fundraising for. Awareness to the plight of AIDS-affected children would certainly be nice, but at this point awareness alone would be somewhat disappointing since it would just be a repetition of what has already been done and known; raising awareness *and* raising funds, on the other hand, would make this project a real success. Institutions like Angels of Hope Kibera are doing very impressive jobs with the limited resources that they have, but more needs to be done to fully break the cycle that these kids will fall into should they not get all the assistance required. For more to be done, financial assistance, grant aid, donations, and other forms of money must be made available. It is as simple as that. This project seeks to assist in that objective.

Fortunately, there are a wide variety of opportunities by which these pictures and stories can make an impact and generate funds. Obviously, the best way would be to somehow print this book, mass-produce it, and get people to buy it. Those plans are probably way too ambitious, and too far down the road to actually think about realistically, but would be worthwhile to keep in the back of my mind at the very least. Yet, the creation of one or two copies of this book would go a long way to asking for donations on a more local level. I can show the book to family, friends, neighbors, colleagues, and others that would see the collage of the lives, faces, and stories of these kids, that would, hopefully, implore at least some of them to contribute something. When talking with my friend who works at the United Nations about AOHK, he was so impressed by the work that Regynnah has done at such a young age that he was willing to M-PESA 3000 KSH a month to her right then and there. Thus, there does seem to be interest even in Kenya to help institutions like hers. Furthermore having a very personal connection with some of these people asked would not hurt, as I am sure many would want to contribute to a cause that I believe is worthy. It is like fundraising with Girl Scout cookies or chocolate bars; you have your go-to's that almost never fail to buy whatever you are selling.

I can also use a single copy of the book to go to organizations and institutions back in the States that would be interested in sponsoring some sort of event or even the publication of the book itself. I will certainly be researching all avenues possible within my university to see if they can somehow support me in my project. I have already begun that discussion with my closest advisor at school, who has given me some helpful information on how to get the pictures, stories, and book out there. Several times a year there are photo exhibitions presented at my school, so this can be another potential pathway. An exhibition would allow me to charge visitors some small price that would hopefully accumulate and that then be relayed back to Kibera to Angels of Hope.

Press releases can be another option. A friend was telling me how local newspapers and other media outlets are always looking for stories concerning people our age and some of the more interesting things they are doing. Our school newspaper, my local newspaper, and perhaps even my state newspaper may be willing to run a story about me and my work in Kibera with these kids. One of my advisors even told me to send a copy of the book to *The Today Show*. If any of this would actually pan out, the attention and awareness this project would get would be really beneficial for publicity either for the book and the pictures, or for Angels of Hope Kibera itself, whereby donors could directly donate to the AIDS care center without having to go through me as a middleman. Again, this is a lot of wishful thinking, but I will start out small with the press releases and see where it takes me.

Finally, perhaps the best and most realistic way for me to generate any sort of revenue for the AIDS care center is to simply just return back to school, focused and ready for my senior year. A class being offered at my university next semester will focus on creating an artbook through the very software that I am using now to create this photobook. At the end of the semester is an exhibition where previous students have sold their work, some earning over a thousand dollars. Perhaps this is the most opportune way to get these pictures and stories out there, as well as gaining the most money for AOHK. Since I will already have developed a pretty decent preliminary draft of the book from my work here, I can focus much more attention on the finer details that will make my work more appealing to donors and buyers. Having a

professional photographer as a professor to oversee this project till the end cannot hurt either. I am already enrolled in this class, and though it is somewhat unfortunate that I will have to wait another few months before the very final version of this project is published, the extra time certainly will do much to polish this idea. Also, at the same time, I will not just sit on my laurels and do nothing with the work I have already done; I envision a lot of my free time next semester to be spent pushing the pictures and preliminary book that I will have published once I return back home in the middle of May.

Thus, the plan as of now is first to get some professional feedback of the work I will have produced once I return home to the United States. Once that feedback is ascertained and any necessary changes to the book are made, I will print a couple of copies with Blurb Books, and somehow send one back to Regynnah in Kibera. The others I will keep to use as fundraising tools. If interest is made to buy one of these preliminary books, I will print more of them and sell them. In the mean time, I will write press releases about the work I have done and the children I have met, in the hopes of gaining media attention to either the project or the Angels of Hope Kibera. Once school starts next fall, I will use the class described above to fine-tune the photobook and create an edition that will hopefully better appeal to my target audience. At the end of the semester, hopefully a substantial amount of money can be made and transferred back to the AIDS care center.

## Conclusion

This project has helped make real to me the devastating reality of the AIDS epidemic on the people and children in this region of the world. My prior exposure to HIV/AIDS was only through an academic's lens: books, articles, papers, classes, and lectures. But working in Kibera with Angels of Hope has brought to life the issues that I only saw on paper. The things that I heard and saw in the field are truly haunting, and they definitely correlate with a lot of the concern that is being had, both in Kenya and back home in the United States.

In going to these families' homes, it was both entrancing and difficult to hear some of the stories told. The accounts of some of these families were incredibly sad, HIV/AIDS not relenting in its vast armory of weapons that can hurt and damage these people in so many ways. It hurts even more to know that the lives of these beautiful children that I met were already damned from the beginning. AIDS-affected children walk paths that are much more impeded than other kids, even in poverty-stricken areas like Kibera.

But there is reason to have faith. Institutions like Angels of Hope Kibera and people like Regynnah Awino are working on the community level to provide services for these AIDS-affected kids that will help attempt to level the playing field once again. This AIDS care center is doing great work with the limited resources it has, but it needs further assistance to make right the things that HIV/AIDS has done wrong to these kids. Photography can help.

In a world today where visits to urban slums are as popular as vacations to Cancun, Westerners are coming to places like Kibera in an attempt to see in real life what they only saw on film. And, they are bringing their own film with them. Pictures of Kiberans have been taken without permission, resulting in humility and a loss of dignity for the photographed, and a nice souvenir for the photographer. Only the photographer benefits.

But slum photography *can* be beneficial to the people in the pictures. By taking advantage of the market for these pictures in the West, and by pairing pictures of AIDS-affected children with their real-life stories, a photobook is currently being created to help fundraise for these kids and Angels of Hope Kibera. The process will be on-going, but by reversing the

discourse of slum photography, these pictures can help find a way out for these children. There remains a lot of work to be done, but work is not such a bad thing, especially when bearing in mind the situation of a lot of these children. To fight on their behalf has been and will continue to be one of the greatest honors of my life.



## Recommendations

Though I felt like there was much done on this project, there is always room for improvement. If the month of April was not let out for school I would have had much more interaction with the children by actually being at school while they were there learning. This would have let me get to know them on a more intimate scale. Ideally, I would have spent about one week going to school, maybe teaching them English or something else, and have them get comfortable with me. Once that comfort level was reached, then I could have gone into the Kibera community with them, into their homes, and maybe have gained greater access to their families' stories, having already become good friends with their children. I feel like this would have resulted in higher quality data, and it would definitely have resulted in a much more positive experience for me, potentially getting close to the actual families. The pictures taken may also have been better. Had this study not been done during the month of April, I also would likely have been able to interview all of the families of all forty children at AOHK. This would have resulted in pictures and stories of every single child in the photobook. It is unfortunate that not all of the kids could be included in the book.

In attempting to assess the HIV/AIDS situation and its effects on the families, it would have been great to speak fluent Kiswahili. Though Regynnah was great in her translation of my questions and their answers, I am sure there was some loss of intention in the questions asked. Furthermore, I feel like the parents and caretakers would have opened up to me more had I spoke fluent Kiswahili, seeing me less as an outsider, and more as someone who understands their language and hopefully them. I gave a brief introduction in Kiswahili before each interview, but many of the questions I had to ask to Regynnah in English because my Kiswahili was too poor.

The actual field research could have been supplemented by interviews with other NGO workers who could give me facts and figures on the AIDS epidemic in Kibera and its effect on children. Certainly, Carolina for Kibera and other institutions were available had I tried to contact them. I think I was just too consumed with the photographs and the stories that I already had to look up further research on the epidemic in Kibera overall. Such direct information from an NGO on the ground could have supplemented and been compared to the information I found from interviewing the families.

In regards to the pictures taken, they certainly could have been enhanced had an actual photographer who knew what he or she was doing was behind the lens. I have some photography experience and training, but I am still very much only a bit of an amateur. Furthermore, had a better model camera and/or lenses been available, along with a good photographer who knew how to best use them, then the pictures would also have been better.

The same line of thinking goes for the photobook. Help from professionals, or perhaps even getting one to work on it with you, would certainly enhance the quality, meaning, and marketability of the book, which would only bring forth greater revenue to the kids of Angels of Hope Kibera. Hopefully, I will find a mentor who will aid me in succeeding with this project.

## APPENDIX

### Appendix A1-Bruce



## Appendix A2-Bruce

### First Person:

My name is Bruce. I am three years old. That is my mama holding me. I live with her, my father, and baby brother in a small one-room tin hut. My mama stays home to take care of me and my brother, but my father does not work. He has AIDS. And he is afraid of letting other people know. Afraid of what they will do and say to him, what they'll do and say to us. We are struggling, but we are also still here. Look at my eyes, look at my mama's arm around me. Can't you see I'm still here?

### Third Person:

Even at three years old, Bruce is shyer than most of the little kids I have met in Kibera. He would not say anything to me at all, but would return any words I said with a long gaze from his big, beautiful eyes that said all you needed to know.

He lives in a small, one-room, tin-roofed hut with his mother, father, and baby brother. Their income is very limited. Bruce's mom must stay home to watch him and his little brother, but his father does not work. He has AIDS. And he is afraid of letting other people know. Afraid of what they will do and say to him, what they will do and say to Bruce and the rest of his family. Stigma is a scary thing in Kibera. Once people here know you are HIV-positive, life not only gets physically difficult, but socially and mentally debilitating as well. HIV/AIDS hurts, and it hurts in so, so many ways.

Yet, Bruce and his family cope. They are struggling, but they are still living, still doing the same things that normal families do. Bruce's mom was particularly proud in talking to me, in telling me about her life and the unenviable difficulties she must go through daily. But she said everything with a tired sort of smile, a smile that told you that her life is hard, that her child's life is hard, but that nonetheless imbued a sort of radiance, an insistent hope that things were not as bad as they could be. You can see a hint of that smile in the picture.

Angels of Hope Kibera probably has a lot to do with that tired smile. She knows that her child is getting help to prevent the continuation of the vicious cycle of HIV/AIDS into future generations born into poverty and poor health.

When I left Bruce's home, I tried one last-ditch attempt to get him to say something to me. Holding out my hand, I said, "Kwaheri," which means goodbye in Kiswahili. I got another long, beaming look from his starry eyes. And then I got a smile, and then a "Kwaheri" in return. My heart still warms at this recollection. I remember stepping out the door, hoping that Bruce would overcome the effects of this epidemic.

**Appendix B1- Harmony**



## **Appendix B2- Harmony**

### First Person:

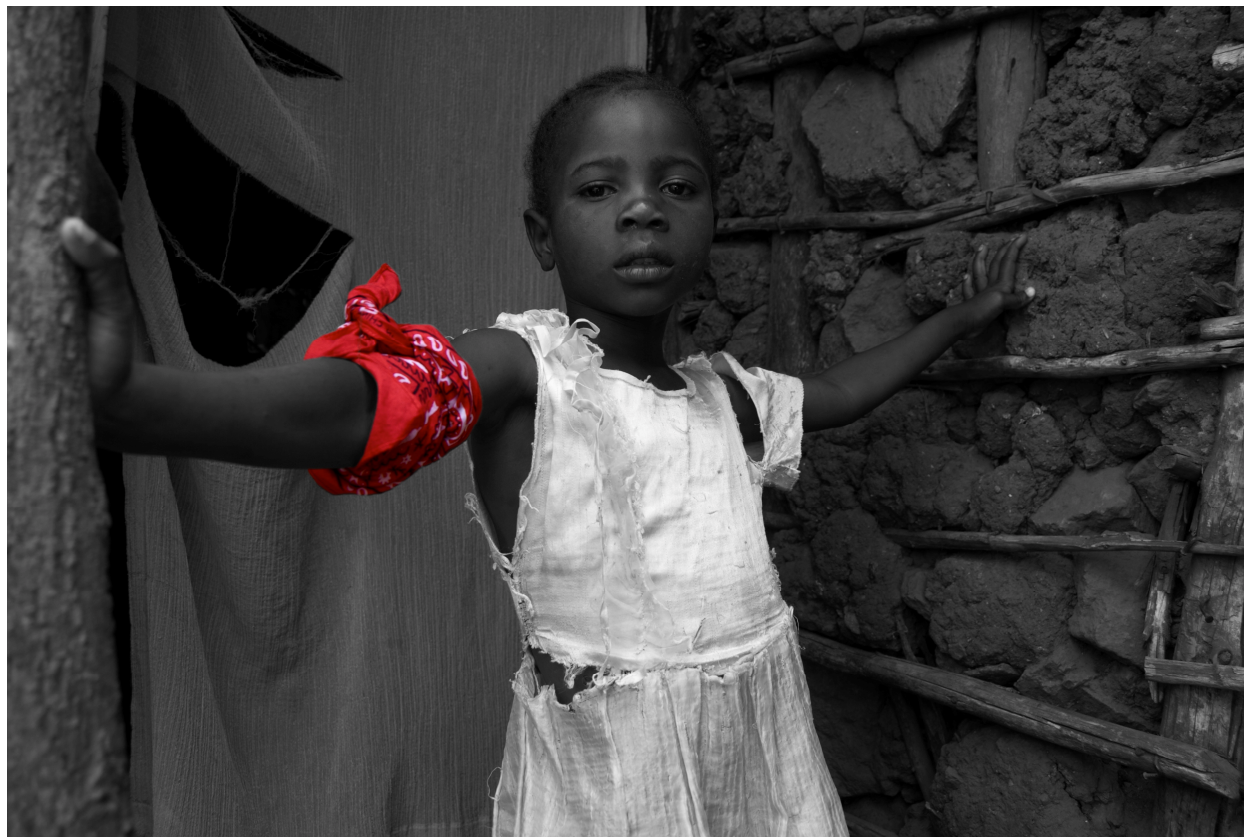
I am Harmony. But everyone calls me Harmon. I am three years old, and guess what. I have a secret, one that I don't even know. I am HIV-positive.

My mother ran away from me after finding out about my status, and no one knows who my father is. So, I live with my grandmother and aunt with my sister.

Even though my parents are gone, I am still just a normal boy in Kibera—I do all the things that every other kid here does. Wandering around barefoot, playing football with balls made of twine and plastic bags—I do it all. My smile tells you how happy I am. It's like I don't have HIV.

But I do. Living with this disease will be tough. I don't yet know how hard my life will get.

## Appendix C1- Silvia



## Appendix C2- Silvia

### First Person:

My name is Silvia. I hold my fist up because I won't let AIDS bring me down.

My father is HIV-positive. He is too sick to work, so he must stay in bed all day. My mother is gone. She left me when I was six months old, probably because of my dad's condition.

HIV has destroyed my family. My life is much more difficult than a six year-old's should be. But I must continue. I keep on going to school with the hope of one day leaving Kibera.

It is a hard dream, but it is my dream. No one will, no one can fight for it but me. Setbacks will come. Coughs will be coughed. But my fist stays up.



**Appendix D1-** Genida and Elizabeth





**Appendix D2- Genida and Elizabeth**Third Person

Genida and Elizabeth are sisters, and will forever remain sisters. That is why they hold hands in the previous pages, a symbol of the bond that has continued to be tested, but always remains strong.

Their mother takes care of them, an HIV-positive widower who roasts corn during the day to support her needy family. Their father was HIV-positive, but he died due to complications of the disease. His absence was felt by the mother's stoic silence when I asked about her husband.

This family is stuck in Kibera. Unable to afford anywhere else, let alone have the means to go anywhere else, these children are forced to stay in the slum. They go to school at Angels of Hope Kibera, and do fairly well in class. They are getting the help and skills that they will need to rely upon in the future. Angels of Hope is their haven, but it is outside those school walls where the reality of HIV/AIDS sets in, a reality that they themselves do not understand yet.

Neighborhood kids in the slums tease the girls about their mother's status, having been told by their parents to do so. These other children are not to play with Genida and Elizabeth, not to touch the water they touched, not to touch them. If they did, then they would catch AIDS, of course.

The stigma that Genida, 3, and Elizabeth, 4, have already underwent is staggering. Being bullied by kids their own age, by children who should be friends, is a very sad story. But HIV/AIDS has an arsenal of attacks at its disposal. It has not let up on the girls.

The ARVs that their mother takes are very powerful, sometimes so strong that she has dizzy spells that force her to stay home all day. This results in a loss of the day's income, and often, a loss in the day's meals for the girls. Too disoriented to go out and get food for her children, their mother is relegated to her bed, as her children must go hungry.

The landlord to their home has been threatening to kick them out due to inability to pay rent. They are unable to pay rent because the mother has been sick, and because business has been bad. So, having already lost a father, the girls are uncertain if their home will get taken away too.

The going has been tough. Too tough. But the girls remain together. They will need each other to weather the red storm of HIV/AIDS. This is why they hold hands.

Appendix E1- Sheriff



## **Appendix E2-Sheriff**

### Third Person

Sheriff stands, silhouetted against the Kibera skyline like Batman against Gotham. He even looks like a superhero, true to his name, the red bandana adorning his neck like a real-life cowboy. This three-year old certainly deserves a cape. Any child overcoming the obstacles that face Sheriff is worthy of being called a hero in anyone's comic book.

But this isn't a comic book. I am not Stan Lee. No writer can concoct Sheriff's story and no artist can vividly paint his face.

On the left it seems like Sherrif's eyes are telling us that he knows the weight of his plight. Yet, we know he cannot possibly know how heavy the load is, and how much heavier it will get.

His mother is HIV-positive. His younger brother, too. And his father is gone because of their statuses. So Sherrif finds himself the man of the house at the ripe old age of three, having been abandoned by his dad.

Life in Kibera remains tough for Sherrif and his family. His mother has to keep her disease under wraps for fear of any stigma that might damage her family further. So, Sheriff goes to school at Angels of Hope Kibera, hopefully side-stepping the many risks associated with his situation.

Sherrif's story is absent of any "POWS!" or "BOOMS!" He has no cool gadgets, superpowers, or secret identity. But there is a villain, one that can be beaten, with help. Sherrif is trying to do just that. Now that is a hero worth celebrating.

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